MODULE 2 - Communicable Diseases, Immunizations and Medication administration

Health and Safety in the Early Childhood Program

Module 2

Communicable Diseases, Immunizations and Medication Administration

Desired Outcomes: (Objectives)

1. Describe different types of germs.
2. Identify ways in which germs spread.
3. List diseases common in early childhood.
4. Recognize risk factors children have that make them susceptible to infections.
5. Demonstrate the use of the "Daily Health Check".
6. Identify symptoms requiring exclusion from a program.
7. Identify reportable illnesses.
8. Identify symptoms which may be life threatening.
9. Identify the preferred route for taking a temperature.
10. Identify immunization requirements for early childhood programs.
11. Understand how vaccines work.
12. Name three vaccine-preventable communicable diseases.
13. Understand how to use the *Utah School and Early Childhood Program Immunization Guidebook* as a resource.
14. Identify conditions that may require children to receive medications and the most common types of medications given.
15. Identify serious medication reactions and anaphylaxis.
16. Know the six rights of medication administration.

What Are Germs?

"Germ" is a commonly used term that refers to all tiny organisms that can cause infection. The specific terms for types of germs are:

Bacteria Virus Fungi Parasite

Bacteria:

Bacteria are small organisms that one can see with an ordinary microscope. Common diseases caused by bacteria are strep throat, impetigo, pink eye and some types of pneumonia. A health care provider will usually prescribe medications called antibiotics when diagnosing bacterial infection. Antibiotics can stop the growth of bacteria or kill the bacteria.

Viruses:

Viruses are smaller than bacteria and can grow only within living cells.
Diseases caused by viruses are colds, chicken pox, measles, German measles, mumps, herpes and polio.
Antibiotics have no effect on viruses. Vaccines against common viral diseases are recommended and readily available.

There have been developments of anti-viral medications for viruses such as herpes and CMV (Cytomegalovirus) and HIV/AIDS. Anti-viral medications treat those who have become ill from a virus but these medications do not kill the virus as antibiotics kill bacteria.

Fungi:

Fungi grow well in moist, warm environments (bathrooms, sinks, etc.).
Common diseases caused by fungi are ringworm, athlete's foot and yeast diaper rashes. There are effective antifungal medications available. Usually, fungal infections resolve when the conditions for favorable growth no longer exist.

Parasites:

Parasites are organisms that live on or in animals and people.

Common diseases caused by parasites are pinworms, roundworms, and head lice.

Medications/preparations can treat parasitic conditions. Internal parasites require prescription medications from a health provider. Some parasitic infestations such as head lice are treated with over-the-counter preparations.

Germs enter or leave the body several ways. The most common places are through the...

- Nose
- Mouth
- Eyes
- Sexual contact with an infected person
- Stools or urine
- Open sores/breaks in the skin
- Blood

Four Ways Germs Spread

The four basic routes of transmission are:

- Respiratory route
- Fecal-oral route
- Direct contact
- Blood contact

Respiratory or Airborne Spread:

Germs live in fluids from the nose, mouth, sinuses, throat or lungs. When the infected fluid droplets become airborne by coughing or sneezing, germs spread. We inhale the infected droplets when we breathe. Germs in the air spread in other ways such as indirectly by tissues, mouthed items, bed linens and face cloths that contact the face. Here are some examples of airborne diseases:

- Colds
- Chickenpox
- Strep throat
- Respiratory Syncytial Virus (RSV)

Direct or Close Contact Spread:

Germs spread this route by directly touching an infected area. This type of germ is in infected body fluids such as saliva (spit or drool), eye discharge, nose mucous or oozing skin sores and urine. This route spreads many sexually transmitted diseases as well. The following are some examples of illness spread by direct contact:

- Impetigo
- Herpes simplex
- Pink Eye (Conjunctivitis)
- Cytomegalovirus (CMV)

Some conditions spread by contact with an infested body area. Some of these conditions are:

- Scabies
- Head lice

Fecal-Oral Route:

Germs found in stool pass from the body and spread to items such as food, toys, tabletops, and fixtures, diapering areas and drinking water by unwashed hands or unsanitary conditions. Germs enter the body when contaminated items are touched and then unknowingly ingested. Diarrhea is the most common sign of an intestinal infection, although some individuals may not look, act,

or feel sick when they pass germs from their body. Laboratory tests are necessary to identify these germs:

- Dysentery
- Giardia
- Hepatitis A
- Pinworms
- Salmonella
- Shigella

Blood Contact - Infected blood from one individual enters the blood stream of another individual, usually through small cuts, or breaks in the skin of the uninfected individual. Germs enter through the mucous membranes of the eyes, nose, mouth, rectum or sexual organs, or by sharing contaminated syringes or needles from an infected individual. Infected individuals often may not know they are infected. Laboratory tests are necessary to identify infection or disease. Some of these diseases are:

- HIV
- Other's like Hepatitis C
- Hepatitis B

The Difference between Acute and Chronic Illnesses

Acute Illness:

- Short-term, relatively severe illness in an otherwise healthy person.
- May or may not require hospitalization and/or require surgical procedure.
- After the illness, the expectation is to return to "normal" health.

Chronic Illness:

- May have started as an acute illness, but recovery was incomplete or the body changed or became more vulnerable from the illness onward.
- May continue to be unhealthy all the time or may have a recurrence of flare-ups.

Prevention of the situations that encourage flare-ups becomes part of the treatment (i.e. avoiding others who are ill, eating regularly, getting enough rest).

Common Illnesses and Exclusion Guidelines

- ✓ **Itching scalp** - symptom of impetigo, ringworm or lice.

- ✓ **Fever** - symptom of an illness. Oral (mouth) temperature 101°F or greater, rectal (bottom) temperature 102° F or greater or an axillary (armpit) temperature of 100° F or greater.

- ✓ **Runny nose** - symptom of illness or allergy.

- ✓ **Drainage of eyes** - symptom of illness or allergy. If ill, the drainage from the eye may look like pus.

- ✓ **Yellow skin or whites of eyes** - is referred to as "jaundice." Jaundice may be a sign of liver problems caused by Hepatitis A or Hepatitis B. This type of jaundice is not to be confused with jaundice of the newborn, which is not contagious.

- ✓ **Severe coughing** - a sign that the illness or condition is becoming worse. Allergy, asthma and airway obstructions are the most common causes.

- ✓ **Crusty, yellow skin sores** - symptom of impetigo.

- ✓ **Unusual behavior** – A symptom of concussion if followed by a head bump, illness, allergic reaction, emotional trauma or if the child has been mildly ill. It may be a sign that the child's condition is getting worse and may be a <u>serious concern</u>.

- ✓ **Tea colored urine** - symptom of Hepatitis A or severe dehydration, bladder or kidney infection.

- ✓ **Diarrhea** - symptom of infection by several kinds of germs like parasites, food poisoning, a virus or bacteria. If caused by an infection, diarrhea is usually accompanied by a fever or stomachache. Diarrhea may also be caused by something the child has eaten (like fruit or grain).

- ✓ **Rash with fever** - symptom of many kinds of illness including chicken pox, measles, Roseola, scarlet fever and rubella are the most common illnesses with these symptoms.

- ✓ **Vomiting** - symptom of an illness or eating spoiled food are the most common.

- ✓ **Hives** - sign of an allergic reaction to food, insect bite, or medication. If accompanied by difficulty breathing, should be considered an emergency.

- ✓ **Sore throat** - sign of illness, most commonly caused by a cold. May also be caused by strep throat, influenza or a virus.

- ✓ **Earache** - usually caused by an infection or increased pressure in the ear. Infants and young children are prone to earaches because the ear canal is straighter than that of older children and fluid and germs can enter easily.

- ✓ **Headache** - can have a number of causes. In child care, a headache is usually a symptom of illness or allergies. Headache may also follow a bump to the head or over exertion. If the headache is the result of a bump to the head, parents should be contacted.

It may be necessary to isolate (or keep separate) children with these symptoms until a parent/guardian can remove the child from the facility. The separate area must be within sight of the caregiver at all times, but separate from other children and play area. A cot or a mat at the edge of a play area will suffice, or perhaps the director's office with staff or the director present.

Guidelines for Illnesses Requiring Exclusion

Keeping children and staff healthy is important to you. While not all diseases can be prevented, there are steps we can all take to keep young children and ourselves healthy. One step is to recognize the signs and symptoms of an ill child or staff member and establish written guidelines for when a child or provider should be excluded. Not all illnesses should exclude a child or staff member from the classroom.

Exclude for the following:

- ✓ **Fever -** defined by the child's age as follows: Infants younger than 4 months of age: rectal temp >101° F (100°F. axillary) Children 4-24 months: rectal temperature >102° F (101° F. axillary) Children older than 24 months: oral or axillary temperature >102° F.

- ✓ **Tuberculosis -** until the child's physician or local health department authority states the child is non-infectious.

- ✓ **Signs of possible severe illness -** including unusual lethargy, irritability, persistent crying, and difficulty breathing.

- ✓ **Streptococcal pharyngitis** - until 24 hours after treatment has been initiated, and until the child has been without a fever for 24 hours.

- ✓ **Uncontrolled Diarrhea -** defined as an increased number of stools compared with the child's normal pattern, with increased water and/or decreased form that is not contained by the diaper or toilet use.

- ✓ **Pinworm -** until 24 hours after treatment was begun.
- ✓ **Vomiting** - two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- ✓ **Ringworm -** until 24 hours after treatment was begun.
- ✓ **Mouth sores** - with drooling, unless the child's physician or local health department authority states the child is non- infectious.
- ✓ **Varicella** - (chicken pox) until 6 days after onset of rash or until all lesions have dried and crusted over.
- ✓ **Rash -** accompanied by fever or behavior change should be excluded until a physician has determined the rash is not a symptom of a communicable disease.
- ✓ **Rubella** - until 7 days after the rash appears or until local health department confirms the patient is non-infectious.
- ✓ **Pertussis -** (Whooping cough), which is laboratory confirmed, or suspected based on symptoms of the illness until 5 days of appropriate chemoprophylaxis (currently erythromycin) has been completed or until local health department states patient is non-infectious.
- ✓ **Purulent conjunctivitis -** (pink eye)**,** defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep.
- ✓ **Mumps -** until 9 days after onset of parotid gland swelling.
- ✓ **Measles -** until the 5th day after rash appears or local health department states patient is non-infectious.
- ✓ **Infestation -** (e.g., scabies, head lice) until 24 hours after treatment was begun.
- ✓ **Impetigo -** until 24 hours after treatment was begun.
- ✓ **Hepatitis A virus infection -** until 1 week after onset of illness or until after immune serum globulin has been given to appropriate children and staff in the program, as directed by the local health department.

If you have questions about whether a child or staff member should be excluded, please call your Local Health Department or the State Health Department Bureau of Epidemiology at (801) 538-6191.

Other Information Regarding Exclusion Guidelines

- A child with uncontrolled vomiting or diarrhea should be provided separate care apart from the other children, with extra attention given to hygiene and sanitation, until the child's parent arrives to remove the child.
- During the course of an identified outbreak of any communicable illness at the facility, a child shall be excluded if the local health official or health care provider determines that the child is contributing to the transmission of the illness at the facility.

Certain conditions that a child may have **do not** require exclusion, unless the child is not able to participate in the regular activities. These conditions include:

- Presence of germs in urine or feces in the absence of illness symptoms, such as jaundice.
- Clear drainage from the eyes, unless indicated by the above guidelines.
- Cytomegalovirus (CMV) infection.
- Rash without fever or behavior change.
- Hepatitis B virus carrier state, in consultation with a health provider.
- HIV infection unless exclusion is recommended by a health care provider.

CMV can be spread through the urine of an infected child. Gloves are recommended for all caregivers changing diapers, even if it is only wet with urine.

Understanding Fever

Following is information about the cause and management of fevers in children:

- Fever is usually a symptom of an illness or infection.
- Young children have fevers more often than older children.
- High fevers do not always mean serious illness. However, children with a fever should be evaluated for exclusion and/or a medical evaluation.
- Some children will have a low-grade fever for a day or two after being immunized.
- Fevers happen when the body heats up due to infection, overdressing or exercise.
- Because fever is a symptom of something else, the best we can do is to try to manage it until the underlying cause can be corrected and eliminated. Sometimes this means that the illness has to run it course while the body fights it off.

There are several ways to take a child's temperature: axillary (armpit), oral, rectal, tympanic (ear), and skin. Also, there are different types thermometers used for each: glass, digital and tympanic.

- Digital thermometers are recommended. However, it is vital that you read the manufacturers directions and follow them in order to get an accurate reading.
- Glass is no longer recommended because of the potential for injury if it breaks. It also contains mercury, which can cause poisoning if handled or swallowed.
- Tympanic thermometers became very popular about 10 years ago. Since then, we have learned that they are not very reliable and will not work well for children under 4 years old.

An axillary temperature is taken in the armpit (axilla). This is the safest way to take a temperature regardless of age. We recommend that you take a child or infant's temperature this way. (Remember that a digital thermometer is preferred.)

- Place the thermometer bulb in the armpit and hold the arm snuggly against the body.
- Hold this position for 3 minutes. If using a digital thermometer, listen for the appropriate number of beeps, according to manufacturers guidelines.
- Remove the thermometer and read it.

Signs of a Life Threatening Illness or Injury

CALL PARENTS AND GET IMMEDIATE MEDICAL HELP WHEN ANY OF THE FOLLOWING IS OBSERVED:

A child with:

- Severe coughing, high pitched whistling sound, redness or blueness in the face.
- Breathing so fast or hard that he or she cannot play, talk, cry or drink.
- Vomiting with other symptoms such as headache or fever. Infants younger than 4 months who vomit forcefully after eating (more than once).
- Sore throat with difficulty breathing.
- Extreme tiredness, lethargy or difficult to awake.
- Neck pain when the head is moved or touched.
- A seizure for the first time.
- A seizure that lasts more than 15 minutes in a child that is known to have a seizure disorder.
- Unusually confused behavior or action.
- Uneven pupils, especially after a head bump.
- Pin-sized rash/bruising without cause.
- Hives or welts that appear quickly.
- Severe stomachache that causes the child to double up and scream, or a stomachache without vomiting or diarrhea after a recent injury or blow to the abdomen (or hard fall).
- Black or bloody stools regardless of whether they have other symptoms.
- Stools that have become bloody and gelatinous or the stomach is rigid and distended needs immediate attention.
- Dehydration. A child who has not urinated in more than 8 hours; the mouth and tongue look dry.
- Continuous drainage from the nose after a hard blow to the head.

♦) **Note: ANY hard blow to the head with or without drainage from the nose should get immediate attention.**

***For programs that provide care for sick children*:** If any of the above conditions appear after the child's care has been planned, medical advice must be obtained before continuing child care.

The Daily Health Check

Why should you do Daily Health Checks?

The sooner a sick child is identified, the sooner the parent or provider can attend to the child's needs. In addition, sending a child home with his/her parent helps to prevent the other children and the caregiver from becoming sick with a communicable disease.

Let parents know you will be doing Daily Health Checks upon the child's arrival and tell them why. Be sure to be **consistent** about doing a Daily Health Check on each child as they enter your child care program. A health check can be a routine part of greeting children and parents as they arrive and it only takes a minute or two. If parents know that you take sickness seriously, they will also be more likely to keep a truly sick child at home.

Elements of the Daily Health Check

The Daily Health Check should be done in a way that respects the child's body and feelings. The child should be comfortable with the process. The few minutes of one-on-one time is a great way to start the daily activities for everyone ~ care givers, children, and parents.

Take the opportunity to teach parents about sickness and exclusion . . .

The Daily Health Check should be performed by someone who knows the child and before the child's parent/guardian leaves the premises. The person doing the Daily Health Check should get down to the child's eye level, touch his/her skin and look at general appearance from head to toe.

Observe: General Appearance, eyes, ears, nose, mouth, skin, abdomen, arms and legs.
Ask: "How do you feel?"
Touch: Head for routine check for head lice, lumps, bumps, scratches or sores; forehead for fever, clammy, dry or excessive perspiration.

- **General appearance:** Body language, unusual behavior for child i.e., drowsy, anxious, quieter than usual.

- **Head:** Bumps, lumps, itching scalp.
- **Eyes:** Glassy, discolored (yellow), puffy, discharge, (clear, yellow, green).
- **Nose:** Stuffy, runny – note color (clear, yellow, green).
- **Mouth and breath:** Coughing, difficulty breathing, sore throat, hoarse voice, dry mouth.
- **Ears:** Discharge, pulling at ears.
- **Abdomen:** Pain, distention, vomiting.
- **Arms and legs:** Pain, unusual appearance or gait.

The early childhood provider should contact the Local Health Department or the Utah Department of Health, Bureau of Epidemiology for specific guidelines in the event of a sudden or extraordinary occurrence of serious communicable disease in accordance with R386-702-2. Such serious communicable diseases often found in early childhood programs include the following:

Pertussis (whooping cough)

Streptococcal infections (strep throat, scarlet fever, rheumatic fever)

Measles (rubeola, red measles, hard measles)

Food poisoning

Rubella (German measles)

Influenza

Mumps

Cytomegalovirus (CMV)

Meningitis (HIB and menigococcal)

Human Immunodeficiency Virus (HIV/AIDS)

Hepatitis (A, B, C, non A non B)

Poliomyelitis

Tuberculosis

Diphtheria

Gastroenteritis (giardiasis, shigellosis, campylobacter, salmonella)

E. Coli

Please note that this is a list of more common communicable diseases found in early childhood, which should be reported. If you have questions about whether or not to report a suspected communicable disease not listed, please call your Local Health Department or the Utah Department of Health Bureau of Epidemiology at (801) 538-6191.

Medication Management in the Early Childhood Setting

Almost all children need medication at one time or another. It is reasonable to expect that a parent will ask you to give a medication to their child. The medication may be for mild illness, temporary discomfort, or chronic health problems.

Early childhood programs need to make some critical decisions before giving medication. There are some alternatives to giving medication at the program. To enlist the parent's help when children require medication, ask the following:

- Can the medication schedule be changed so that medication can be given at home?
- Can the parent or another designated person come and give the medication?

Consult with the child's health care provider, local pharmacist or a Child Care Health Consultant to see if the medication can be changed or the schedule altered (e.g., morning and bedtime instead of three times a day). If the program decides to give medication, very important guidelines for medication administration must be followed. Make sure there is a program policy in place and the right tools available (medication administration records, proper place for storage, etc.) before employees are asked to administer medication.

Serious Reactions or Death Can Result if Medications Are Given Improperly

Prescription or nonprescription medication can be administered by early childhood providers to a child only with the written order of a health care provider. No medication, whether a prescription or nonprescription, shall be administered to a child without written instructions and parental authorization. Medications can cause serious reactions or death if given incorrectly, stored improperly, or given to an individual who is allergic to the medication or to the class of medication. For example, if a child is allergic to Penicillin, there is a good chance that the child will be allergic to Amoxicillin as well.

Other critical information

All medicine must be stored in child-resistant safety containers, labeled with the child's name, the name of the drug, and the directions for administration. Any unused medication or expired medication shall be disposed of or returned to the parent/guardian. Decide which way you choose to dispose of out-dated medication, and write it in your policy.

- Keep written records when any medication is given to children. Include the time and date of each dose, name of the child receiving the medication and name of the staff member who gave the medication.
- The first dose of a medication (prescription or nonprescription) should ALWAYS be given at home, not at an early childhood program. Allergic reactions occur most often with the first dose of a medication.
- Only one staff person on any given day should be responsible for giving medication. This assures that a medication is not missed or accidentally given twice by another staff person.
- Individuals giving medication need to have specific documented training in the administration of medication.

Two Groups of Medication

- Prescription medication must be prescribed by a licensed health care provider and obtained from a pharmacist.
- Nonprescription medication, also called "over-the-counter" medication, can be bought at any grocery or drug store. Although over the counter medications are easy to obtain, they should be given only after careful consideration or not at all. Non-prescription medication should be given only with written permission from a licensed health care provider. There must also be specific written instructions and permission from the child's parent or guardian. There have been many reports of well-meaning child care providers administering over the counter medications with terrible consequences.

Make sure your policy is clear and parents are informed about your policy regarding the administration of over-the-counter medications to children in your care. Both prescription and non-prescription medication should only be given to a child after the parent/guardian has signed a "Medication Release Form." A sample "Medication Release Form" can be found in Appendix B.

Anaphylaxis

The most dangerous type of allergic reaction is anaphylaxis**. THIS IS A LIFE THREATENING CONDITION**. Anaphylaxis may occur after the administration of a drug, eating a particular food (such as peanuts) or the sting of an insect. All early childhood programs should have an emergency plan on handling an anaphylactic reaction. Early childhood programs should have a policy to call 911 (or the appropriate local emergency number) if a severe allergic reaction occurs. Everyone who cares for children should have training in basic first aid and CPR, staff should also be trained in the use of an EpiPen®, a pre-filled syringe with adrenaline (epinephrine), especially if they care for a child with known allergic reactions. An emergency card should be in the child's file and include the name and number of the child's primary health care provider, work and home telephone numbers for parents or guardians, and work and home telephone numbers for emergency contacts if the parents/guardians cannot be reached. The card should also state the name of the hospital they would like their child taken to in the event of an emergency.

<u>Forms that must be on record (see Appendix B):</u>

- Medication Consent and Log
- Child Care Emergency Contact Information
- Incident Report Form
- Special Care Plan
- Symptom Record

Types of Medication

The following are categories of medications commonly used with children.

1. **Antibiotics**. Prescription medications to treat bacterial infections that are usually contagious.

   - Antibiotics may be given by mouth in the form of liquid, tablets, chewable tablets or capsules.
   - Antibiotic drops or ointments may be used for infections of the eyes, ears or skin.
   - Antibiotics must be given on time each day and for the prescribed number of days.
   - **Common Side Effects:** Upset stomach, vomiting, diarrhea, and diaper rash.

   Side Effects: which may indicate the child is developing an allergy to the medication include a skin rash or hives occurring soon after a medication is given. If this happens, discontinue giving the medication and notify the parent/guardians. Observe the child carefully for the remainders of the day or until the parents come to pick up the child. Call EMS if the child has difficulty breathing!

2. **Antihistamines, Decongestants and Expectorants.** Medications in this category are commonly used to treat cold, influenza or allergy symptoms. They may also be used to help relieve the discomfort of earaches.

   - Many antihistamines and decongestants can be purchased over-the-counter.
   - It is essential that the correct dose be given as prescribed, because side effects of too much medication can be serious.

   Side Effects: Behavioral changes including drowsiness, decreased activity, confusion, increased activity or irritability.

3. **Fever Reducers.** Medications used to reduce fever should <u>not be generally given in early childhood programs</u>.

   - Parents should be reminded that infant <u>drops are concentrated and can be 10 times stronger than elixir</u>. Read labels carefully about dosages.

   Side Effects: Liver damage can occur with improper administration of aspirin or acetaminophen. Ibuprofen can irritate the stomach.

4. **Pain Relievers.** These are used to reduce pain associated with teething, headaches, earaches, muscle sprains or strains, dental procedures and bone injuries. Often, they are the same medications used to treat fever.
   Side Effects: Same as fever reducers. Give these medications with milk or food.=

5. **Skin creams and ointments.** These medications are usually prescribed to treat skin irritation or infection on a specific part of the body. Some conditions require covering the treated area with a bandage.
   Side Effects: Can cause an increase in irritation.

Reading the Medication Label

All medication **must** have proper labeling. For prescription medication, the medicine container must have the original label in the original container and carry the following basic information:

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- Date prescribed.
- Expiration date.
- Medication name and strength.
- The dosage and how often it is to be given and for how many days.
- Method of administration (oral, topical or eye).
- Name of the health care provider that prescribed it.
- Storage requirements (e.g. refrigerate).
- Special precautions (e.g. take with food).

Many pharmacies will fill two bottles, one for the home and one for the child care program. Instruct parents to ask the pharmacist to do this when they fill the child's prescriptions. You may wish to prepare a note to the pharmacist requesting the information you need.

Who should be giving medication?

The person responsible for giving medication in an early childhood program should be the one who:

- Specific time reserved each day for giving medication.
- Has been properly trained in giving medications to children, documenting medications, storing, and disposing of medications.
- Has access to medication storage areas and medication resource books and information.
- Knows the children to whom medication is to be given.
- Knows when and how to contact parents, pharmacists and health care providers to clarify instructions for medication.
- Knows how and when to activate emergency response system in case of emergency.

Preparing Medication

Common sense plays a large part in preparing medication. Following are recommendations to help individuals think ahead and ask questions BEFORE giving medications.

- Wash your hands before administering any medication.
- Never break apart capsules or grind pills to mix with food unless instructed to do so by a licensed health care provider or pharmacist.
- Many medications are coated and formulated to be absorbed slowly. If not given in the original form, these medications may be absorbed too quickly or have an adverse effect.
- If medication is to be added to foods, never use foods such as formula, milk or cereal. Instead, use small amounts of foods such as applesauce or ice cream. Mix the medication in a small amount of food. If the child refuses to eat all of the food used to prepare the medication, then he/she will not get the prescribed amount of medication.
- Liquid medication should be measured in <u>calibrated</u> spoons (not household eating utensils), medicine cups or syringes.
- Parents may be asked to provide them or the childcare provider may have several calibrated spoons or medicine cups available.
- Reusable medication measuring spoons, syringes or cups must be cleaned and sanitized before they are reused. (Use the directions for sanitizing eating utensils.)
- If using an oral medication syringe, be sure to expel any excess air bubbles that may displace the medication.
- Liquid medication and suspension require shaking before giving. Make sure the cap is tight first!
- Place measuring cups on a level surface before it is poured. Measure the amount poured at eye level. **NEVER LEAVE MEDICATION UNATTENDED.**

Six Rights of Medication Administration

The six "rights" of medication administration are:

I. **Right Child.** Check the name on the medication permission form, the name on the medication bottle, and the name of the child. Label each prepared dose with the child's name and name of the medication, upon preparation, not after they are all poured.

II. **Right Medication.** Medication must be given from the original properly labeled container. The name of the medication listed on the container must be the same as the name of the medication on the permission form. Read the label three times during preparation, before, during and after medication is poured.

III. **The Right Time.** The actual medication dosage time should not vary from the scheduled time by more than 30 minutes. If the medication is to be given PRN, or "when needed", the guidelines for making that decision must be very clear. Criteria must be established on an individualized basis in consultation with the child's parents/guardians and health care provider. The criteria must be in writing and state that the agreements were mutually acceptable.

IV. **The Right Dosage (i.e., the right amount).** The dosage (amount) administered cannot be different from the prescription label. The dosage on the label may be in teaspoons, tablespoons, ccs or mls ("cc" is a cubic centimeter and "ml" is a milliliter; they are equal in volume for example, 5mls= 5ccs = 1 teaspoon). If a child spits out the medication, do not re-administer it without notifying the parents and/or health care provider for permission and/or instructions. Document who was notified and what action was taken**. Never re-administer medication if the child vomits the initial dose**. Notify the parent and document the event in the child's file.

V. **The Right Route (given the right way).** Prescribed method of administration (in the mouth, in the eyes, under the tongue, in the ear or topical) must be followed exactly and must appear on the medication label. NEVER give medication in a different route than what was prescribed.

VI. **The Right Documentation.** Record keeping is very important. The program must maintain a record of all medication administered to children. *Refer to the Medication Release and Dosage Record Form in Appendix B for proper documentation.*

Consider the following factors in gaining a child's cooperation:

- Allow a child to verbalize feelings about the medication. Recognize that most children do not like taking medication and may resist.
- Choose a place that offers relative privacy to administer medication.
- Allow the child some choices if possible. Do not ask if they want to take their medication. What will you do if they say "no?" Instead, ask the child what they would like to drink afterwards or if they would like the medication in applesauce or ice cream, if appropriate.
- Never give medication to a sleeping child.
- Never "force" a child to take medication.
- Never refer to medication as "candy."
- Do not rush the child. Offer medication in small amounts and allow time for the child to swallow the medication.
- Keep directions simple.
- Praise the child for taking their medication even if they were resistant at first.

-NOTES-